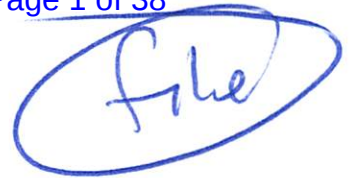


Filing Instructions**Everest Real Estate Investments LLC****Form 8879-PE - IRS *e-file* Signature Authorization for Form 1065****Taxable Year Ended December 31, 2019****Date Due:** September 15, 2020**Remittance:** None is required. No amount is due or overpaid.**Signature:** You are using the Personal Identification Number (PIN) for signing your return electronically. A partner should sign and date Form 8879-PE, IRS *e-file* Signature Authorization for Form 1065 and mail it as soon as possible to:

Bentley, Bratcher & Associates, P.C.
515 W Greens Rd Ste 710
Houston, TX 77067

The form must be signed and returned before the electronic file can be transmitted to the IRS.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If a paper copy of Form 1065 is mailed to the IRS it will delay processing of the return.

Form **8879-PE****IRS e-file Signature Authorization for Form 1065**

OMB No. 1545-0123

▶ ERO must obtain and retain completed Form 8879-PE.

▶ Go to www.irs.gov/Form8879PE for the latest information.**2019**Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year beginning , and ending

Name of partnership

**EVEREST REAL ESTATE INVESTMENTS LLC
D/B/A SE TEXAS ER & HOSPITAL**

Employer identification number

20-

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	3,107,979
2	Gross profit (Form 1065, line 3)	2	3,024,149
3	Ordinary business income (loss) (Form 1065, line 22)	3	-3,437,748
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

☒ I authorize **BENTLEY, BRATCHER & ASSOCIATES, P.C.** to enter my PIN **77065** as my signature
ERO firm name Don't enter all zeros
on the partnership's 2019 electronically filed return of partnership income.

☐ As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2019 electronically filed return of partnership income.

Partner or member's signature ▶

Title ▶ **MANAGING MEMBER** **TOM VO** Date ▶ **07/21/20****Part III Certification and Authentication**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **79130777067**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **07/21/2020**

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2019)

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2019, or tax year beginning _____, ending _____ ▶ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2019		
A Principal business activity HOSPITAL		Type or Print	Name of partnership EVEREST REAL ESTATE INVESTMENTS LLC D/B/A SE TEXAS ER & HOSPITAL		D Employer identification number 20- XXXXXXXXXX	
B Principal product or service PATIENT CARE			Number, street, and room or suite no. If a P.O. box, see the instructions. 19211 MCKAY DRIVE		E Date business started 08/15/2006	
C Business code number 622000			City or town, state or province, country, and ZIP or foreign postal code HUMBLE TX 77338		F Total assets (see instructions) \$ 4,968,554	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input checked="" type="checkbox"/> Name change (4) <input checked="" type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return						
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶						
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 4						
J Check if Schedules C and M-3 are attached ▶ <input type="checkbox"/>						
K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes						
Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.						
Income	1a Gross receipts or sales		1a	12,415,484		
	b Returns and allowances		1b	9,307,505		
	c Balance. Subtract line 1b from line 1a				1c 3,107,979	
	2 Cost of goods sold (attach Form 1125-A)				2 83,830	
	3 Gross profit. Subtract line 2 from line 1c				3 3,024,149	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))				5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6	
7 Other income (loss) (attach statement)		SEE STATEMENT 1		7	1,426,399	
8 Total income (loss). Combine lines 3 through 7				8	4,450,548	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				9	1,923,122
	10 Guaranteed payments to partners				10	
	11 Repairs and maintenance				11	195,293
	12 Bad debts				12	
	13 Rent				13	1,263,961
	14 Taxes and licenses				14	207,434
	15 Interest (see instructions)				15	348
	16a Depreciation (if required, attach Form 4562)		16a	1,748,838		
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b		16c	1,748,838
	17 Depletion (Do not deduct oil and gas depletion.)				17	
18 Retirement plans, etc.				18	1,832	
19 Employee benefit programs				19	223,002	
20 Other deductions (attach statement)		SEE STATEMENT 2		20	2,324,466	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21	7,888,296	
22 Ordinary business income (loss). Subtract line 21 from line 8				22	-3,437,748	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)				23	
	24 Interest due under the look-back method—income forecast method (attach Form 8866)				24	
	25 BBA AAR imputed underpayment (see instructions)				25	
	26 Other taxes (see instructions)				26	
	27 Total balance due. Add lines 23 through 26				27	
	28 Payment (see instructions)				28	
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed				29	
	30 Overpayment. If line 28 is larger than line 27, enter overpayment				30	
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.						
Signature of partner or limited liability company member GREGORY O. BRATCHER		Preparer's signature 		Date 07/21/20		
Print/Type preparer's name GREGORY O. BRATCHER		Check <input type="checkbox"/> if self-employed		PTIN P01058294		
Paid Firm's name ▶ BENTLEY, BRATCHER & ASSOCIATES, P.C.		Firm's EIN ▶ 20-XXXXXXXXXX				
Preparer Use Only Firm's address ▶ 515 W GREENS RD STE 710 HOUSTON, TX 77067		Phone no. 281-875-8181				

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2019)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input type="checkbox"/> Domestic limited liability company	d <input checked="" type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
4 Does the partnership satisfy all four of the following conditions?				Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					X
5 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.					X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶ 0		
16a Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return ▶ 0		
18 Enter the number of partners that are foreign governments under section 892 ▶ 0		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions ▶ \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions		
a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 ▶ If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶ MICRO HOSPITAL HOLDING LLC	
U.S. address of PR ▶ 6030 S. RICE BLVD., SUITE C HOUSON TX 77081	U.S. phone number of PR ▶ 713-660-0557
If the PR is an entity, name of the designated individual for the PR ▶ TOM VO	
U.S. address of designated individual ▶ 4531 OLEANDER STREET BELLAIRE TX 77401	U.S. phone number of designated individual ▶ 713-660-0557

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 ▶ \$		X
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ 0		
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -3,437,748
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments: a Services 4a b Capital 4b	4c
	c Total. Add lines 4a and 4b	4c
	5 Interest income	5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a
	b Qualified dividends 6b c Dividend equivalents 6c	6c
	7 Royalties	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12 0
	13a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment	14a
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
Credits	15a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
Foreign Transactions	16a Name of country or U.S. possession ▶	16a
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Reserved for future use ▶ e Foreign branch category ▶	16e
	f Passive category ▶ g General category ▶ h Other ▶	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ▶ j Other ▶	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Reserved for future use ▶ l Foreign branch category ▶	16l
	m Passive category ▶ n General category ▶ o Other ▶	16o
	p Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) items	17a Post-1986 depreciation adjustment	17a 1,831
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties – gross income	17d
	e Oil, gas, and geothermal properties – deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18a Tax-exempt interest income	18a
	b Other tax-exempt income SEE STATEMENT 3	18b 1,019,775
	c Nondeductible expenses SEE STATEMENT 4	18c 1,412
	19a Distributions of cash and marketable securities	19a
	b Distributions of other property SEE STATEMENT 5	19b 87,915
	20a Investment income	20a
	b Investment expenses	20b
c Other items and amounts (attach statement) SEE STATEMENT 6		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	- 3,437,748
2 Analysis by partner type:		(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners							
b Limited partners		-515,662					-2,922,086

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		137,139		366,125
2a	Trade notes and accounts receivable	2,655,596		6,990,926	
b	Less allowance for bad debts	2,146,843	508,753	4,316,650	2,674,276
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) SEE STMT 7		82,825		506,282
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	3,319,860		4,292,717	
b	Less accumulated depreciation	3,131,562	188,298	3,016,218	1,276,499
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)	1,880,164		685,308	
b	Less accumulated amortization	101,233	1,778,931	539,936	145,372
13	Other assets (attach statement)				
14	Total assets		2,695,946		4,968,554
Liabilities and Capital					
15	Accounts payable		1,625,445		2,771,193
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement) SEE STMT 8		3,349,053		191,865
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more		18,893		12,850
20	Other liabilities (attach statement)				
21	Partners' capital accounts		-2,297,445		1,992,646
22	Total liabilities and capital		2,695,946		4,968,554

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-992,323	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)			SEE STATEMENT 9	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):			1,019,775	1,019,775
a	Depreciation \$		7	Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
b	Travel and entertainment \$ 1,412		a	Depreciation \$	1,427,062
					1,427,062
		1,412	8	Add lines 6 and 7	2,446,837
5	Add lines 1 through 4	-990,911	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-3,437,748

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-2,297,445	6	Distributions: a Cash	
2	Capital contributed: a Cash	5,134,466	b	Property	87,915
	b Property	87,915			
3	Net income (loss) per books	-992,323	7	Other decreases (itemize):	
4	Other increases (itemize): SEE STMT 10	147,948			
		147,948	8	Add lines 6 and 7	87,915
5	Add lines 1 through 4	2,080,561	9	Balance at end of year. Subtract line 8 from line 5	1,992,646

Form **1125-A**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
▶ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name

EVEREST REAL ESTATE INVESTMENTS LLC

Employer identification number

20-4577473

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 11	5	83,830
6	Total. Add lines 1 through 5	6	83,830
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	83,830

9a Check all methods used for valuing closing inventory:(i) ☐ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶**b** Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO**9d****e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions☐ Yes☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation☐ Yes☐ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

Schedule K-1
(Form 1065)**2019**Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year

beginning ending **Partner's Share of Income, Deductions, Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number20-**B** Partnership's name, address, city, state, and ZIP code**EVEREST REAL ESTATE INVESTMENTS LLC**
D/B/A SE TEXAS ER & HOSPITAL
19211 MCKAY DRIVE
HUMBLE TX 77338**C** IRS Center where partnership filed return ▶**E-FILE****D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.)83-**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**2GT PLLC****5037-B FM 2920 RD**
SPRING TX 77388**G** ☐ General partner or LLC member-manager☒ Limited partner or other LLC member**H1** ☒ Domestic partner☐ Foreign partner**H2** ☒ If the partner is a disregarded entity (DE), enter the partner's:TIN Name NGUYEN**I1** What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	42.500000 %	42.500000 %
Loss	42.500000 %	42.500000 %
Capital	42.500000 %	42.500000 %

Check if decrease is due to sale or exchange of partnership interest ☐**K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 2,122,191	\$ 1,264,761

☐ Check this box if Item K includes liability amounts from lower tier partnerships.**L** **STMT****Partner's Capital Account Analysis**

Beginning capital account	\$ -1,126,595
Capital contributed during the year	\$ 1,476,737
Current year net income (loss)	\$ -421,737
Other increase (decrease) (attach explanation)	STMT \$ 62,878
Withdrawals & distributions	\$ ()
Ending capital account	\$ -8,717

M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No If "Yes," attach statement. See instructions.**N** Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	-1,461,043		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
		A	778
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
		B*	433,404
9b	Collectibles (28%) gain (loss)	C*	600
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
		20	Other information
12	Section 179 deduction	L*	STMT
13	Other deductions	Z*	STMT
		AH*	STMT
14	Self-employment earnings (loss)		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year

beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

20-

B Partnership's name, address, city, state, and ZIP code

EVEREST REAL ESTATE INVESTMENTS LLC
D/B/A SE TEXAS ER & HOSPITAL
19211 MCKAY DRIVE
HUMBLE TX 77338

C IRS Center where partnership filed return ▶

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.)

82-

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

4 LN PARTNERS, LLC

50 PALMER CREST
THE WOODLANDS TX 77381G ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☒ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

LE

I1 What type of entity is this partner? INDIVIDUALI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	42.500000 %	0.00000 %
Loss	42.500000 %	0.00000 %
Capital	42.500000 %	0.00000 %

Check if decrease is due to sale or exchange of partnership interest ☒

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 738,406	\$

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L STMT

Partner's Capital Account Analysis

Beginning capital account	\$ -1,126,594
Capital contributed during the year	\$ 1,339,373
Current year net income (loss)	\$ -146,742
Other increase (decrease) (attach explanation)	STMT \$ 21,878
Withdrawals & distributions	\$ (87,915)
Ending capital account	\$ 0

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☒ Final K-1☐ Amended K-1Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	-508,363		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
		A	271
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
		B*	150,801
9b	Collectibles (28%) gain (loss)	C*	209
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
		C*	STMT
12	Section 179 deduction	20	Other information
		L*	STMT
13	Other deductions	Z*	STMT
		AH*	STMT
14	Self-employment earnings (loss)		
21	More than one activity for at-risk purposes*		
22	More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Schedule K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning ending

Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

20-

B Partnership's name, address, city, state, and ZIP code

EVEREST REAL ESTATE INVESTMENTS LLC
D/B/A SE TEXAS ER & HOSPITAL
19211 MCKAY DRIVE
HUMBLE TX 77338

C IRS Center where partnership filed return ▶

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.)

83-

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

PMM HOLDINGS INC.

1214 ELGIN STREET
HOUSTON TX 77004G ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? CORPORATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	15.000000 %	15.000000 %
Loss	15.000000 %	15.000000 %
Capital	15.000000 %	15.000000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 749,009	\$ 446,386

☐ Check this box if item K includes liability amounts from lower tier partnerships.

L STMT

Partner's Capital Account Analysis

Beginning capital account	\$ -44,256
Capital contributed during the year	\$ 485,907
Current year net income (loss)	\$ -148,849
Other increase (decrease) (attach explanation)	STMT \$ 22,192
Withdrawals & distributions	\$
Ending capital account	\$ 314,994

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	- 515,662		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
17	Alternative minimum tax (AMT) items	A	275
18	Tax-exempt income and nondeductible expenses	B*	152,966
19	Distributions	C*	212
20	Other information	L*	STMT
		Z*	STMT
		AH*	STMT
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Schedule K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning ending Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

20-

B Partnership's name, address, city, state, and ZIP code

EVEREST REAL ESTATE INVESTMENTS LLC
D/B/A SE TEXAS ER & HOSPITAL
19211 MCKAY DRIVE
HUMBLE TX 77338

C IRS Center where partnership filed return ▶

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's EIN, EIN of a disregarded entity. See instr.)

83-

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

MICRO HOSPITAL HOLDING LLC
6030 S. RICE BLVD., SUITE C
HOUSON TX 77081G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC memberH1 ☒ Domestic partner ☐ Foreign partnerH2 ☒ If the partner is a disregarded entity (DE), enter the partner's:TIN Name VOI1 What type of entity is this partner? INDIVIDUALI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	42.500000 %	42.500000 %
Loss	42.500000 %	42.500000 %
Capital	42.500000 %	42.500000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 1,383,785	\$ 1,264,761

☐ Check this box if Item K includes liability amounts from lower tier partnerships.

L STMT

Partner's Capital Account Analysis

Beginning capital account	\$
Capital contributed during the year	\$ 1,920,364
Current year net income (loss)	\$ -274,995
Other increase (decrease) (attach explanation)	STMT \$ 41,000
Withdrawals & distributions	\$ ()
Ending capital account	\$ 1,686,369

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	- 952,680		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
		A	507
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
		B*	282,604
9b	Collectibles (28%) gain (loss)	C*	391
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction	20	Other information
		L*	STMT
13	Other deductions	Z*	STMT
		AH*	STMT
14	Self-employment earnings (loss)		
21	<input type="checkbox"/> More than one activity for at-risk purposes*		
22	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

EVEREST REAL ESTATE INVESTMENTS LLC**20-**

Business or activity to which this form relates

INCOME & DEDUCTION ACTIVITY 1**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	1,485,375
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	263,463
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,748,838
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25		
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43 52,292
44 Total. Add amounts in column (f). See the instructions for where to report					44 52,292

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2019Attachment
Sequence No. **27**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Identifying number

EVEREST REAL ESTATE INVESTMENTS LLC**20-**

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 12						

- 3** Gain, if any, from Form 4684, line 39

3

- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

- 6** Gain, if any, from line 32, from other than casualty or theft

6

- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

7**0**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions

8

- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

9

Part II Ordinary Gains and Losses (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7

11

- 12** Gain, if any, from line 7 or amount from line 8, if applicable

12

- 13** Gain, if any, from line 31

13

- 14** Net gain or (loss) from Form 4684, lines 31 and 38a

14

- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36

15

- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

- 17** Combine lines 10 through 16

17

- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)**THERE ARE NO AMOUNTS FOR PAGE 2**

Section 179 Sales Worksheet

Form **1065****2019**

For calendar year 2019, or tax year beginning , and ending

Partnership Name

Employer Identification Number

EVEREST REAL ESTATE INVESTMENTS LLC

20-

Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description	Activity Description
A MEDICAL DISPENSERS	01/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
B BEDS	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
C WIRELESS PHONES & ACCESSORIES	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
D EQUIPMENT FOR ENDO ROOM	04/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
E ULTRASOUND SYSTEM	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
F				
G				
H				
I				

Sale Information	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price	0	0	0	0	0				
Cost or basis	94,022	48,063	16,118	16,519	18,403				
Commissions and other expenses	0	0	0	0	0				
Depreciation excluding section 179	94,022	48,063	16,118	16,519	18,403				
Section 179 expense	73,609	48,063	16,118	16,519	18,403				
Sale to related party									
Section 1250 property									
Installment Sale Information									
Property code									
Prior year installment sale									
Mortgage and other debts									
Current year payments received									
Prior year payments received									
Installment Sale Related Party Information:									
Casualty/Theft Information									
Total net reimbursement									
Cost or basis									
Depreciation excluding section 179									
Section 179 expense									
FMV before loss									
FMV after loss									
Property type									
Current year gain (loss)	73,609	48,063	16,118	16,519	18,403				

Total current year gain (loss)

172,712

Schedule K	Section 199A Information Worksheet	2019
For calendar year 2019 or tax year beginning _____, ending _____		

Partnership Name

Employer Identification Number

EVEREST REAL ESTATE INVESTMENTS LLC

20

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	INCOME & DEDUCTION ACTIVITY 1			X	
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-3,437,748				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Charitable contributions					
Other deductions					
W-2 wages	1,923,122				
Qualified property	3,332,221				

Other Information:

QBI alloc to co-op pmts received
W-2 wages alloc to qualified pmts
Section 199A(g) deduction

Section 199A REIT dividends

PARTNER# 1**Partner's Section 179 Sales Worksheet**Schedule **K-1****2019**

For calendar year 2019, or tax year beginning , and ending

Partnership Name

EVEREST REAL ESTATE INVESTMENTS LLC

Employer identification number

20-4

Partner's Name

2GT PLLC

Taxpayer identification number

83-3**Schedule K-1, Box 20, Code L - Disposition of Property with Section 179 Deductions**

	Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description	Activity Description
A	<u>MEDICAL DISPENSERS</u>	<u>01/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
B	<u>BEDS</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
C	<u>WIRELESS PHONES & ACCESSORIES</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
D	<u>EQUIPMENT FOR ENDO ROOM</u>	<u>04/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
E	<u>ULTRASOUND SYSTEM</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
F					
G					
H					
I					

Sale Information

	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Cost or basis	<u>39,959</u>	<u>20,427</u>	<u>6,850</u>	<u>7,020</u>	<u>7,821</u>				
Commissions and other expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Depreciation excluding section 179	<u>39,959</u>	<u>20,427</u>	<u>6,850</u>	<u>7,020</u>	<u>7,821</u>				
Section 179 expense	<u>31,284</u>	<u>20,427</u>	<u>6,850</u>	<u>7,020</u>	<u>7,821</u>				
Sale to related party	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>				
Section 1250 property	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>				

Installment Sale Information

Prior year installment sale									
Mortgage and other debts									
Current year payments received									
Prior year payments received									
Installment Sale Related Party Information:									

Casualty/Theft Information

Total net reimbursement									
Cost or basis									
Depreciation excluding section 179									
Section 179 expense									
FMV before loss									
FMV after loss									
Property type									

PARTNER# 2**Partner's Section 179 Sales Worksheet**Schedule **K-1****2019**

For calendar year 2019, or tax year beginning , and ending

Partnership Name

EVEREST REAL ESTATE INVESTMENTS LLC

Employer Identification Number

20-

Partner's Name

4 LN PARTNERS, LLC

Taxpayer Identification Number

82-**Schedule K-1, Box 20, Code L - Disposition of Property with Section 179 Deductions**

	Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description	Activity Description
A	<u>MEDICAL DISPENSERS</u>	<u>01/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
B	<u>BEDS</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
C	<u>WIRELESS PHONES & ACCESSORIES</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
D	<u>EQUIPMENT FOR ENDO ROOM</u>	<u>04/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
E	<u>ULTRASOUND SYSTEM</u>	<u>08/01/09</u>	<u>12/31/19</u>		<u>INCOME & DEDUCTION ACTIVITY 1</u>
F					
G					
H					
I					

Sale Information

	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Cost or basis	<u>13,904</u>	<u>7,107</u>	<u>2,383</u>	<u>2,443</u>	<u>2,721</u>				
Commissions and other expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Depreciation excluding section 179	<u>13,904</u>	<u>7,107</u>	<u>2,383</u>	<u>2,443</u>	<u>2,721</u>				
Section 179 expense	<u>10,885</u>	<u>7,107</u>	<u>2,383</u>	<u>2,443</u>	<u>2,721</u>				
Sale to related party	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>				
Section 1250 property	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>				

Installment Sale Information

Prior year installment sale									
Mortgage and other debts									
Current year payments received									
Prior year payments received									
Installment Sale Related Party Information:									

Casualty/Theft Information

Total net reimbursement									
Cost or basis									
Depreciation excluding section 179									
Section 179 expense									
FMV before loss									
FMV after loss									
Property type									

PARTNER# 3**Partner's Section 179 Sales Worksheet**Schedule **K-1****2019**

For calendar year 2019, or tax year beginning , and ending

Partnership Name

EVEREST REAL ESTATE INVESTMENTS LLC

Employer's EIN

20-4

Partner's Name

PMM HOLDINGS INC.

Taxpayer's EIN

83-**Schedule K-1, Box 20, Code L - Disposition of Property with Section 179 Deductions**

	Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description	Activity Description
A	MEDICAL DISPENSERS	01/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
B	BEDS	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
C	WIRELESS PHONES & ACCESSORIES	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
D	EQUIPMENT FOR ENDO ROOM	04/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
E	ULTRASOUND SYSTEM	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
F					
G					
H					
I					

Sale Information	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price	0	0	0	0	0				
Cost or basis	14,103	7,210	2,418	2,478	2,761				
Commissions and other expenses	0	0	0	0	0				
Depreciation excluding section 179	14,103	7,210	2,418	2,478	2,761				
Section 179 expense	11,041	7,210	2,418	2,478	2,761				
Sale to related party	NO	NO	NO	NO	NO				
Section 1250 property	NO	NO	NO	NO	NO				

Installment Sale Information

Prior year installment sale									
Mortgage and other debts									
Current year payments received									
Prior year payments received									
Installment Sale Related Party Information:									

Casualty/Theft Information

Total net reimbursement									
Cost or basis									
Depreciation excluding section 179									
Section 179 expense									
FMV before loss									
FMV after loss									
Property type									

PARTNER# 4

Partner's Section 179 Sales Worksheet

Schedule **K-1**

2019

For calendar year 2019, or tax year beginning , and ending

Partnership Name

EVEREST REAL ESTATE INVESTMENTS LLC

Employer's Identification Number

20-

Partner's Name

MICRO HOSPITAL HOLDING LLC

Taxpayer's Identification Number

83-

Schedule K-1, Box 20, Code L - Disposition of Property with Section 179 Deductions

	Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description	Activity Description
A	MEDICAL DISPENSERS	01/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
B	BEDS	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
C	WIRELESS PHONES & ACCESSORIES	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
D	EQUIPMENT FOR ENDO ROOM	04/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
E	ULTRASOUND SYSTEM	08/01/09	12/31/19		INCOME & DEDUCTION ACTIVITY 1
F					
G					
H					
I					

Sale Information	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price	0	0	0	0	0				
Cost or basis	26,056	13,319	4,467	4,578	5,100				
Commissions and other expenses	0	0	0	0	0				
Depreciation excluding section 179	26,056	13,319	4,467	4,578	5,100				
Section 179 expense	20,399	13,319	4,467	4,578	5,100				
Sale to related party	NO	NO	NO	NO	NO				
Section 1250 property	NO	NO	NO	NO	NO				

Installment Sale Information

Prior year installment sale									
Mortgage and other debts									
Current year payments received									
Prior year payments received									
Installment Sale Related Party Information:									

Casualty/Theft Information

Total net reimbursement									
Cost or basis									
Depreciation excluding section 179									
Section 179 expense									
FMV before loss									
FMV after loss									
Property type									

Statement 1 - Form 1065, Page 1, Line 7 - Other Income (Loss)

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 1,426,399
TOTAL	<u>\$ 1,426,399</u>

Statement 2 - Form 1065, Page 1, Line 20 - Other Deductions

<u>Description</u>	<u>Amount</u>
CONTRACTED SERVICES	\$ 1,047,338
INSURANCE EXPENSE	115,922
LEGAL & ACCOUNTING	100,790
EQUIPMENT LEASE	19,293
OFFICE EXPENSE	14,148
MEDICAL SUPPLIES	174,492
OFFICE SUPPLIES EXPENSE	7,120
LICENSES & PERMITS EXPENSE	5,424
PAYROLL PROCESSING FEE	23,985
BANK SERVICE CHARGES	8,413
COMPUTER AND INTERNET EXPENSE	155,137
DUES & SUBSCRIPTIONS	9,887
LABORATORY EXPENSE	-2,022
UTILITIES EXPENSE	151,073
ADVERTISING & BUSINESS PROMO	114,961
AUTOMOBILE EXPENSE	171
CONTINUING EDUCATION	254
CREDENTIALING EXPENSE	31,448
COLLECTION EXPENSES	50,155
STAFFING EXPENSES	214,829
MISCELLANEOUS EXPENSE	7,191
OTHER SUPPLY COSTS	10,725
TRAVEL EXPENSE	28
SETTLEMENT CHARGES	4,000
RECONCILIATION DISCREPANCIES	6,000
MEALS (50%)	1,412
AMORTIZATION	52,292
TOTAL	<u>\$ 2,324,466</u>

Statement 3 - Form 1065, Schedule K, Line 18b - Other Tax-Exempt Income

<u>Description</u>	<u>Amount</u>
ACCRUAL TO CASH ADJUSTMENT	\$ 1,019,775
TOTAL	<u>\$ 1,019,775</u>

Statement 4 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses

Description	Amount
NONDEDUCTIBLE MEALS	\$ 1,412
TOTAL	\$ 1,412

Statement 5 - Form 1065, Schedule K, Line 19b - Distributions of Other Property

Description of Property	Adjusted Basis	Fair Market Value
TRANSFER OF CAPITAL	\$ 87,915	\$ 445,477
TOTAL	\$ 87,915	

Statement 6 - Form 1065, Schedule K, Line 20c - Other Items and Amounts

Description	Amount
SEE ATTACHED SECTION 179 SALES WORKSHEET	\$
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	

Statement 7 - Form 1065, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES	\$ 82,825	\$
DUE FROM SE TEXAS EP PLLC		6,550
INVENTORIED SUPPLIES		499,732
TOTAL	\$ 82,825	\$ 506,282

Statement 8 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED EXPENSES	\$ 1,971,924	\$ 34,284
DUE TO RELATED PARTIES	1,377,129	19,320
IBERIA BANK CC 5563		13,147
EOM ACCRUAL		125,114
TOTAL	\$ 3,349,053	\$ 191,865

Federal Statements

FYE: 12/31/2019

Statement 9 - Form 1065, Schedule M-1, Line 6 - Income Recorded on Books, Not on Sch K

Description	Amount
ACCRUAL TO CASH ADJUSTMENT	\$ 1,019,775
TOTAL	\$ 1,019,775

Statement 10 - Form 1065, Schedule M-2, Line 4 - Other Increases

Description	Amount
PRIOR YEAR ADJUSTMENT NO TAX AFFECT	\$ 147,948
TOTAL	\$ 147,948

Federal Statements

FYE: 12/31/2019

Statement 11 - Form 1125-A, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
PHYSICIAN SUBSIDY	\$ <u>83,830</u>
TOTAL	\$ <u><u>83,830</u></u>

20-
FYE: 12/31/2019**Federal Statements****Statement 12 - Form 4797, Page 1, Line 2 - Property Held More Than 1 Year**

Desc	Date Acq	Date Sold	Sales Price	Depr Allowed	Basis	Gain or Loss
KITCHEN EQUIPMENT 50% DUE	6/01/08	12/31/19	\$	\$ 7,671	\$ 7,671	\$
OFFICE FURNITURE FOR CEO OFFICE	6/01/08	12/31/19		2,780	2,780	
EQUIPMENT	6/01/08	12/31/19		14,069	14,069	
MEDICAL EQUIPMENT	6/06/08	12/31/19		26,421	26,421	
VENTILATORS	7/10/08	12/31/19		68,080	68,080	
PHARMACY SYSTEM	8/07/08	12/31/19		73,192	73,192	
OFFICE EQUIPMENT	6/06/08	12/31/19		23,237	23,237	
VENTILATORS	6/04/10	12/31/19		60,835	60,835	
PICTURES	6/06/08	12/31/19		10,137	10,137	
PATIENT BEDS	6/27/08	12/31/19		165,807	165,807	
VENTILATORS	7/10/08	12/31/19		29,420	29,420	
TV'S	7/01/08	12/31/19		12,801	12,801	
PATIENT ROOM FURNITURE	7/01/08	12/31/19		19,652	19,652	
OFFICE EQUIPMENT	7/10/08	12/31/19		5,489	5,489	
TOTAL					\$ 519,591	\$ 0

Year Ending: December 31, 2019

20-4 

Everest Real Estate Investments LLC
19211 McKay Drive
Humble, TX 77338

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Transfers of Partnership Capital WorksheetForm **1065****2019**

For calendar year 2019, or tax year beginning , and ending

Partnership Name

Employer's EIN or other number

EVEREST REAL ESTATE INVESTMENTS LLC**20**

Partner Name	Beginning Capital	Capital Contributed	Lines 3, 4, & 7 Schedule M-2	Withdrawals & Distributions	Ending Capital
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PARTNER# 1 2GT PLLC

Before transfer	-1,126,595	1,439,373	-358,859		-46,081
Transfer to other partners					
Transfers from other partners		37,364			
After transfers	-1,126,595	1,476,737	-358,859		-8,717

PARTNER# 2 4 LN PARTNERS, LLC

Before transfer	-1,126,594	1,339,373	-124,864		87,915
Transfer to other partners				87,915	
Transfers from other partners					
After transfers	-1,126,594	1,339,373	-124,864	87,915	0

PARTNER# 3 PMM HOLDINGS INC.

Before transfer	-44,256	472,720	-126,657		301,807
Transfer to other partners					
Transfers from other partners		13,187			
After transfers	-44,256	485,907	-126,657		314,994

PARTNER# 4 MICRO HOSPITAL HOLDING LLC

Before transfer	0	1,883,000	-233,995		1,649,005
Transfer to other partners					
Transfers from other partners		37,364			
After transfers	0	1,920,364	-233,995		1,686,369

Before transfer					
Transfer to other partners					
Transfers from other partners					
After transfers					

Before transfer					
Transfer to other partners					
Transfers from other partners					
After transfers					

Before transfer					
Transfer to other partners					
Transfers from other partners					
After transfers					

Before transfer					
Transfer to other partners					
Transfers from other partners					
After transfers					

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2019	
Partnership Name		For calendar year 2019, or tax year beginning		, and ending	
EVEREST REAL ESTATE INVESTMENTS LLC		Employer		20 -	
Partner's Name		Taxpayer		83 -	
2GT PLLC					

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS	-1,461,043
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SUBTOTAL	-1,461,043
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SCHEDULE M-1 ADDITIONS:

BOOK-TAX DEPRECIATION DIFFERENCE	606,502
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BOOK INCOME NOT INCLUDED ON TAX RETURN:	
ACCUAL TO CASH ADJUSTMENT	433,404

SUBTOTAL	1,039,906
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SCHEDULE M-1 SUBTRACTIONS:

MEALS	600
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SUBTOTAL	600
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TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)	-421,737
	=====

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2019
		For calendar year 2019, or tax year beginning , and ending		
Partnership Name EVEREST REAL ESTATE INVESTMENTS LLC			Employer Identification Number 20-	
Partner's Name 4 LN PARTNERS, LLC			Taxp 82-	

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS	-508,363
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SUBTOTAL	-508,363
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SCHEDULE M-1 ADDITIONS:

BOOK-TAX DEPRECIATION DIFFERENCE	211,029
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BOOK INCOME NOT INCLUDED ON TAX RETURN:	
ACCUAL TO CASH ADJUSTMENT	150,801

SUBTOTAL	361,830
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SCHEDULE M-1 SUBTRACTIONS:

MEALS	209
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SUBTOTAL	209
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TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)	-146,742
	=====

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2019	
		For calendar year 2019, or tax year beginning , and ending			
Partnership Name EVEREST REAL ESTATE INVESTMENTS LLC				Employer's EIN 20-	Number [REDACTED]
Partner's Name PMM HOLDINGS INC.				Taxpayer's EIN 83-	Number [REDACTED]

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS

-515,662

SUBTOTAL

-515,662

SCHEDULE M-1 ADDITIONS:

BOOK-TAX DEPRECIATION DIFFERENCE

214,059

BOOK INCOME NOT INCLUDED ON TAX RETURN:

ACCRUAL TO CASH ADJUSTMENT

152,966

SUBTOTAL

367,025

SCHEDULE M-1 SUBTRACTIONS:

MEALS

212

SUBTOTAL

212

TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)

-148,849

=====

Schedule K-1		Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2019	
		For calendar year 2019, or tax year beginning , and ending			
Partnership Name EVEREST REAL ESTATE INVESTMENTS LLC				Employer's EIN 20-	Member
Partner's Name MICRO HOSPITAL HOLDING LLC				Taxpayer's EIN 83-	Member

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS	-952,680
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SUBTOTAL	-952,680
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SCHEDULE M-1 ADDITIONS:

BOOK-TAX DEPRECIATION DIFFERENCE	395,472
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BOOK INCOME NOT INCLUDED ON TAX RETURN:	
ACCUAL TO CASH ADJUSTMENT	282,604

SUBTOTAL	678,076
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SCHEDULE M-1 SUBTRACTIONS:

MEALS	391
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SUBTOTAL	391
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TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)	-274,995
	=====

Form 1065, Page 1, Line 14 - Taxes and Licenses

Description	Amount
OTHER TAXES	\$ 26,410
PAYROLL TAXES	181,024
TOTAL	\$ 207,434

Form 1065, Schedule L, Line 1 - Cash

Description	Beginning of Year	End of Year
CASH	\$ 137,139	\$ 366,125
TOTAL	\$ 137,139	\$ 366,125

Form 1065, Schedule L, Line 2a - Trade Notes and Accounts Receivable

Description	Beginning of Year	End of Year
TRADE NOTES AND ACCOUNTS REC.	\$ 2,655,596	\$ 6,990,926
TOTAL	\$ 2,655,596	\$ 6,990,926

Form 1065, Schedule L, Line 2b - Allowance for Bad Debts

Description	Beginning of Year	End of Year
BAD DEBTS	\$ 2,146,843	\$ 4,316,650
TOTAL	\$ 2,146,843	\$ 4,316,650

Form 1065, Schedule L, Line 9a - Buildings and Other Depreciable Assets

Description	Beginning of Year	End of Year
DEPRECIABLE ASSETS	\$ 3,319,860	\$ 4,292,717
TOTAL	\$ 3,319,860	\$ 4,292,717

Form 1065, Schedule L, Line 9b - Accumulated Depreciation

Description	Beginning of Year	End of Year
ACCUMULATED DEPRECIATION	\$ 3,131,562	\$ 3,016,218
TOTAL	\$ 3,131,562	\$ 3,016,218

Federal Statements

Form 1065, Schedule L, Line 12a - Intangible Assets

Description	Beginning of Year	End of Year
INTANGIBLE ASSETS	\$ 1,880,164	\$ 685,308
TOTAL	\$ 1,880,164	\$ 685,308

Form 1065, Schedule L, Line 12b - Accumulated Amortization

Description	Beginning of Year	End of Year
ACCUMULATED AMORTIZATION	\$ 101,233	\$ 539,936
TOTAL	\$ 101,233	\$ 539,936

Form 1065, Schedule L, Line 15 - Accounts Payable

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE	\$ 1,625,445	\$ 2,771,193
TOTAL	\$ 1,625,445	\$ 2,771,193

Form 1065, Schedule L, Line 16 - Mortgage, Notes, Bonds Payable Less Than 1 Yr

Description	Beginning of Year	End of Year
MORT., NOTE, LESS THAN 1 YR.	\$	\$
TOTAL	\$ 0	\$ 0

Form 1065, Schedule L, Line 19b - Mortgage, Notes, Bonds Payable in 1 Yr or More

Description	Beginning of Year	End of Year
MORT., NOTE, MORE THAN 1 YR.	\$ 18,893	\$ 12,850
TOTAL	\$ 18,893	\$ 12,850

Federal Asset Report

FYE: 12/31/2019

Income & Deduction Activity 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
278	Computer Hardware	5/31/19	26,306			X	0	5 HY 200DB	0	26,306
280	Minor Equipment	6/10/19	6,324			X	0	5 HY 200DB	0	6,324
282	Televisions	1/23/19	8,030			X	0	5 HY 200DB	0	8,030
			<u>40,660</u>				<u>0</u>		<u>0</u>	<u>40,660</u>
7-year GDS Property:										
281	Phone System	5/21/19	7,723			X	0	7 HY 200DB	0	7,723
283	C-Arm	3/31/19	100,000			X	0	7 HY 200DB	0	100,000
284	XRy	3/31/19	65,000			X	0	7 HY 200DB	0	65,000
285	CT Scanner	3/31/19	250,000			X	0	7 HY 200DB	0	250,000
288	Canon Ultrasound	4/01/19	76,516			X	0	7 HY 200DB	0	76,516
289	Carefusion Pumps	8/31/19	31,389			X	0	7 HY 200DB	0	31,389
			<u>530,628</u>				<u>0</u>		<u>0</u>	<u>530,628</u>
15-year GDS Property:										
286	Leasehold Improvements	3/31/19	650,000			X	0	15 HY S/L	0	650,000
287	Leasehold Improvements	8/01/19	235,268			X	0	15 HY S/L	0	235,268
290	Signage	5/10/19	19,756			X	0	15 HY 150DB	0	19,756
			<u>905,024</u>				<u>0</u>		<u>0</u>	<u>905,024</u>
Prior MACRS:										
5	BACKUP NURSE CALL STATION AND	2/01/09	3,041		X	X	0	5 HY 200DB	3,041	0
23	PHARMACY SERVER	1/31/14	3,000			X	1,586	5 HY 200DB	1,414	1,586
25	MONITORS ADOBE MEMORY	5/31/14	29,998			X	15,863	5 HY 200DB	14,135	15,863
26	LAPTOP DOCKING STATION	9/30/14	3,728			X	1,971	5 HY 200DB	1,757	1,971
27	LAPTOP DOCKING STAGE-DELL	1/08/15	4,688			X	2,749	5 HY 200DB	1,939	1,833
48	ICU STATIONS AND BRACKETS	6/01/08	3,356			X	1,678	5 HY 200DB	1,678	0
52	HOSPITAL CARTS	6/01/08	10,155			X	5,077	5 HY 200DB	10,155	0
56	DEFIBRILLATOR MONITOR	6/01/08	8,750			X	4,375	5 HY 200DB	4,375	0
57	TELEMETRY EQUIPMENT	6/01/08	13,639			X	6,819	5 HY 200DB	13,639	0
58	EKG EQUIPMENT	6/01/08	4,307			X	2,154	5 HY 200DB	2,153	0
59	SHELVING	6/06/08	23,125			X	11,562	7 HY 200DB	23,125	0
60	SHELVING FOR FILES	6/19/08	2,888			X	1,444	7 HY 200DB	1,444	0
61	KITCHEN EQUIPMENT	6/19/08	6,730			X	3,365	7 HY 200DB	3,365	0
62	TELEMETRY EQUIPMENT	7/10/08	175,006			X	87,503	5 HY 200DB	87,503	0
63	PHONE SYSTEM	7/11/08	29,214			X	14,607	7 HY 200DB	29,214	0
64	KITCHEN EQUIPMENT	7/24/08	9,916			X	4,958	7 HY 200DB	4,958	0
65	FIRE ALARM	8/20/08	2,760			X	1,380	7 HY 200DB	1,380	0
66	KITCHEN EQUIPMENT	8/20/08	35,759			X	17,879	7 HY 200DB	35,759	0
68	PREP STATIONS	12/01/08	2,850			X	1,425	5 HY 200DB	1,425	0
72	CUBICLE CURTAINS	8/01/09	5,621		X	X	0	7 HY 200DB	11,242	0
83	ADD DIMMING BALLASTS AND WALL	10/01/09	3,223		X	X	0	15 HY S/L	3,223	0
85	SHELVING FOR MEDICAL RECORDS	12/08/10	12,497			X	6,249	15 HY 150DB	6,248	961
86	SNF UNIT - JAMES BENZ	8/07/15	11,475			X	9,921	15 HY 150DB	1,554	992
87	SNF UNIT - JAMES BENZ	8/20/15	15,372			X	13,289	15 HY 150DB	2,083	1,329
88	SNF UNIT - BNC CONSTRUCTION	8/25/15	12,202			X	10,549	15 HY 150DB	1,653	1,055
89	SNF UNIT - BNC CONSTRUCTION	8/25/15	44,404			X	38,388	15 HY 150DB	6,016	3,839
92	HOUSEKEEPING SUPPLIES	6/06/08	8,720			X	4,360	7 HY 200DB	8,720	0
93	SUPPLIES SHELVING	6/06/08	4,253			X	2,126	7 HY 200DB	4,253	0
95	TOOLS	7/14/08	3,104			X	1,552	7 HY 200DB	1,552	0
97	KITCHEN EQUIPMENT	7/24/08	6,902			X	3,451	7 HY 200DB	3,451	0
99	MEDICAL EQUIPMENT	9/17/08	14,363			X	7,182	7 HY 200DB	7,181	0
101	OFFICE FURNISHINGS	6/01/08	5,292			X	2,646	7 HY 200DB	2,646	0
105	OFFICE EQUIPMENT	6/01/08	6,030			X	3,015	7 HY 200DB	3,015	0
106	TELEPHONE EQUIPMENT-FOLLKERS	6/01/08	87,244			X	43,622	7 HY 200DB	87,244	0
107	OFFICE FURNITURE	6/01/08	34,482			X	17,241	7 HY 200DB	34,482	0
108	ICON PICTURES	6/01/08	10,137			X	5,068	7 HY 200DB	10,137	0
109	TELEPHONE EQUIPMENT & INSTALL	6/01/08	116,886			X	58,443	7 HY 200DB	116,886	0
111	SUPPLIES SYSTEM	6/01/08	12,333			X	6,166	7 HY 200DB	12,333	0
113	KITCHEN EQUIPMENT 50% DUE	6/01/08	36,904			X	18,452	7 HY 200DB	36,904	0
115	DELL COMPUTERS & PRINTERS	6/01/08	56,084			X	28,042	5 HY 200DB	56,084	0
117	PICTURES	6/01/08	5,180			X	2,590	7 HY 200DB	5,180	0
118	KITCHEN EQUIPMENT 50% DUE	6/01/08	10,564			X	5,282	7 HY 200DB	10,564	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
119	KITCHEN EQUIPMENT 50% DUE Sold/Scrapped: 12/31/19	6/01/08	7,671			X	3,835	7 HY 200DB	7,671	0
127	OFFICE FURNITURE FOR CEO OFFICE Sold/Scrapped: 12/31/19	6/01/08	2,780			X	1,390	7 HY 200DB	2,780	0
132	EQUIPMENT Sold/Scrapped: 12/31/19	6/01/08	14,069			X	7,034	5 HY 200DB	14,069	0
133	HOUSEKEEPING EQUIPMENT	6/01/08	8,720			X	4,360	7 HY 200DB	8,720	0
134	KITCHEN EQUIPMENT	6/01/08	5,232			X	2,616	7 HY 200DB	5,232	0
135	KITCHEN EQUIPMENT	6/01/08	9,291			X	4,645	7 HY 200DB	9,291	0
139	MEDICAL EQUIPMENT Sold/Scrapped: 12/31/19	6/06/08	26,421			X	13,210	5 HY 200DB	26,421	0
140	MEDICAL EQUIPMENT	6/06/08	2,932			X	1,466	5 HY 200DB	1,466	0
141	MEDICAL EQUIPMENT	6/06/08	4,447			X	2,224	5 HY 200DB	2,223	0
142	MEDICAL EQUIPMENT	6/06/08	6,648			X	3,324	5 HY 200DB	6,648	0
143	OFFICE EQUIPMENT Sold/Scrapped: 12/31/19	6/06/08	23,237			X	11,618	7 HY 200DB	23,237	0
144	PICTURES Sold/Scrapped: 12/31/19	6/06/08	10,137			X	5,068	7 HY 200DB	10,137	0
145	PICTURES	6/06/08	5,180			X	2,590	7 HY 200DB	2,590	0
146	PICTURES	6/19/08	2,548			X	1,274	7 HY 200DB	1,274	0
148	PATIENT BEDS Sold/Scrapped: 12/31/19	6/27/08	165,807			X	82,903	7 HY 200DB	165,807	0
149	TV'S Sold/Scrapped: 12/31/19	7/01/08	12,801			X	6,400	5 HY 200DB	12,801	0
150	TV'S	7/01/08	5,477			X	2,739	5 HY 200DB	2,738	0
151	PATIENT ROOM FURNITURE Sold/Scrapped: 12/31/19	7/01/08	19,652			X	9,826	7 HY 200DB	19,652	0
152	VENTILATORS Sold/Scrapped: 12/31/19	7/10/08	68,080			X	34,040	5 HY 200DB	68,080	0
153	VENTILATORS Sold/Scrapped: 12/31/19	7/10/08	29,420			X	14,710	5 HY 200DB	29,420	0
154	OFFICE EQUIPMENT Sold/Scrapped: 12/31/19	7/10/08	5,489			X	2,744	7 HY 200DB	5,489	0
156	KITCHEN EQUIPMENT	7/24/08	5,232			X	2,616	7 HY 200DB	2,616	0
157	MEDICAL EQUIPMENT	8/07/08	4,682			X	2,341	5 HY 200DB	2,341	0
158	DOOR LOCKS	8/07/08	9,520			X	4,760	7 HY 200DB	4,760	0
159	PHARMACY SYSTEM Sold/Scrapped: 12/31/19	8/07/08	73,192			X	36,596	7 HY 200DB	73,192	0
160	PICTURES	8/15/08	2,548			X	1,274	7 HY 200DB	1,274	0
161	MEDICAL EQUIPMENT	8/15/08	2,550			X	1,275	5 HY 200DB	1,275	0
164	CARTS	12/01/08	5,112			X	2,556	5 HY 200DB	2,556	0
165	ELECTROSURGE GENERATOR	12/03/08	8,188			X	4,094	5 HY 200DB	4,094	0
167	CABINETS	1/01/09	4,141			X	2,071	5 HY 200DB	2,070	0
169	MEDICAL DISPENSERS Sold/Scrapped: 12/31/19	1/01/09	94,022		X	X	10,206	5 HY 200DB	94,022	0
172	EQUIPMENT FOR ENDO ROOM Sold/Scrapped: 12/31/19	4/01/09	16,519		X	X	0	5 HY 200DB	16,519	0
173	MINDRAY VS-800 II	5/01/09	3,000		X	X	0	5 HY 200DB	6,000	0
175	OFFICE FURNITURE	7/01/09	4,933		X	X	0	7 HY 200DB	9,866	0
176	WIRELESS PHONES & ACCESSORIES Sold/Scrapped: 12/31/19	8/01/09	16,118		X	X	0	7 HY 200DB	16,118	0
177	LG 22 HD TV	8/01/09	6,484		X	X	0	5 HY 200DB	12,968	0
178	BEDS Sold/Scrapped: 12/31/19	8/01/09	48,063		X	X	0	7 HY 200DB	48,063	0
179	ULTRASOUND SYSTEM Sold/Scrapped: 12/31/19	8/01/09	18,403		X	X	0	5 HY 200DB	18,403	0
180	DEFIBRILLATOR	8/01/09	5,546		X	X	0	5 HY 200DB	11,092	0
184	EMERGENCY CRASH CART	8/01/09	3,806		X	X	0	5 HY 200DB	7,612	0
185	GLUCOSE METERS	9/01/09	2,991		X	X	0	5 HY 200DB	5,982	0
187	SPACE SAVER MOBILE STORAGE SYS	9/01/09	5,019		X	X	0	7 HY 200DB	10,038	0
188	DRAWER CLASSIC SERIES 5 CONFIG F	9/01/09	3,170		X	X	0	7 HY 200DB	6,340	0
189	MINDRAY VS-800 II	11/01/09	2,516		X	X	0	5 HY 200DB	5,032	0
190	CONVEYER TRAY	12/01/09	7,436		X	X	0	5 HY 200DB	14,872	0
191	BLOOD BANK REFRIGERATOR	1/07/10	2,719			X	1,360	5 HY 200DB	1,359	0
192	PORTABLE GLIDESCOPE	2/08/10	10,695			X	5,347	5 HY 200DB	10,695	0
193	SMARTVEST AIRWAY CLEARANCE S	2/18/10	10,115			X	5,058	5 HY 200DB	5,057	0
194	VACUUM REGULATOR AND FLOWME	2/25/10	4,965			X	2,483	5 HY 200DB	2,482	0
195	BRONCHOSCOPE	3/18/10	13,393			X	6,696	5 HY 200DB	13,393	0
197	OXYGEN PROBES	5/20/10	3,924			X	1,962	5 HY 200DB	1,962	0
198	VENTILATORS Sold/Scrapped: 12/31/19	6/04/10	60,835			X	30,417	5 HY 200DB	60,835	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current	
199	STERILIZER	10/19/10	5,583			X	2,792	5 HY 200DB	2,791	0	
200	LOBBY CHAIRS AND TABLE TOPS	1/20/11	2,815			X	1,408	5 HY 200DB	1,407	0	
201	NEW BEDS	4/11/12	13,708			X	6,854	5 HY 200DB	13,708	0	
202	EXAM TABLE	4/16/12	4,858			X	2,429	5 HY 200DB	2,429	0	
203	TELEMETRY EQUIPMENT	5/23/12	5,894			X	2,947	5 HY 200DB	5,894	0	
205	WOUND CARE MED INSTRUMENT	7/17/12	19,069			X	9,534	5 HY 200DB	19,069	0	
207	ICE MACHINE	1/23/13	4,652			X	2,326	5 HY 200DB	2,326	0	
211	STAT ANALYZER	3/14/13	6,533			X	3,267	5 HY 200DB	3,266	0	
212	KONICA IMAGE SYSTEM	3/19/13	62,839			X	31,419	5 HY 200DB	62,839	0	
215	ULTRASOUND SYSTEM	4/01/13	6,900			X	3,450	5 HY 200DB	3,450	0	
216	uTRASOUND SYSTEM	4/01/13	52,883			X	26,441	5 HY 200DB	52,883	0	
217	NURSE CALL UPGRADE	4/04/13	9,631			X	4,816	5 HY 200DB	4,815	0	
218	CT SCANNER	4/29/13	12,494			X	6,247	5 HY 200DB	12,494	0	
219	CT SCANNER	4/29/13	4,500			X	2,250	5 HY 200DB	2,250	0	
220	CT SCANNER	4/29/13	22,210			X	11,105	5 HY 200DB	22,210	0	
221	CT SCANNER	4/29/13	22,250			X	11,125	5 HY 200DB	22,250	0	
223	CT SCANNER-WIRING	5/21/13	23,182			X	11,591	5 HY 200DB	23,182	0	
224	DEMO STRETCHER	6/04/13	2,679			X	1,340	5 HY 200DB	1,339	0	
225	CT SCANNER	6/05/13	270,625			X	135,312	5 HY 200DB	270,625	0	
226	CT SCANNER-PROFESSIONAL SERVIC	6/14/13	21,130			X	10,565	5 HY 200DB	21,130	0	
228	SURGICAL IMAGING TABLE	7/01/13	11,467			X	5,733	5 HY 200DB	11,467	0	
229	C-ARM	8/01/13	107,250			X	53,625	5 HY 200DB	107,250	0	
232	NURSE CALL UPGRADE	8/28/13	6,287			X	3,144	5 HY 200DB	3,143	0	
233	TIMECLOCKS	9/01/13	6,033			X	3,017	5 HY 200DB	3,016	0	
234	NURSE CALL UPGRADE	9/05/13	13,382			X	6,691	5 HY 200DB	6,691	0	
235	NURSE CALL UPGRADE	9/05/13	20,599			X	10,300	5 HY 200DB	10,299	0	
236	STORAGE CONTAINER	6/30/14	3,218			X	1,702	5 HY 200DB	1,516	1,702	
238	PATIENT LIFT	8/31/14	4,025			X	2,129	5 HY 200DB	1,896	2,129	
242	VITAL SIGN MACHINE	9/30/14	5,848			X	3,092	5 HY 200DB	2,756	3,092	
245	WHEELCHAIRS	10/31/14	4,228			X	2,236	5 HY 200DB	1,992	2,236	
246	VITAL SIGN MACHINE	11/30/14	5,837			X	3,087	5 HY 200DB	2,750	3,087	
249	SCANNERS	12/31/14	5,307			X	2,807	5 HY 200DB	2,500	2,807	
250	PHONE SYSTEM-AT INTERGAHAM	2/01/15	23,198			X	15,222	7 HY 200DB	7,976	4,349	
252	LOBBY FURNITURE-LADCO	3/18/15	10,054			X	6,598	7 HY 200DB	3,456	1,885	
253	LAWSON INSTALL COUNSAL-STAPLE	4/01/15	6,367			X	3,734	5 HY 200DB	2,633	2,489	
255	PATENT MONITORING SYSTEM	6/01/15	9,882			X	5,795	5 HY 200DB	4,087	3,863	
256	PATENT MONITORING SYSTEM	6/30/15	269,968			X	158,309	5 HY 200DB	111,659	105,539	
257	DL BASE - DELL	6/30/15	7,530			X	4,415	5 HY 200DB	3,115	2,943	
258	ACUTO	7/17/15	14,800			X	8,679	5 HY 200DB	6,121	5,786	
259	PHARMACY SERVER-DELL	10/19/15	5,431			X	3,185	5 HY 200DB	2,246	2,123	
260	RADIOGRAPHIC SYSTEM-P8C X RAY	11/01/15	18,420			X	10,802	5 HY 200DB	7,618	7,201	
261	NUCLEAR STRESS CAMERA-SOUTHW	11/01/15	28,000			X	16,419	5 HY 200DB	11,581	10,946	
262	STRESS TEST SYSTEM-AMERICANRN	11/01/15	7,200			X	4,222	5 HY 200DB	2,978	2,815	
266	2 CHAMPION SERIES RECLINERS	2/10/16	2,901			X	2,085	7 HY 200DB	816	596	
267	BAXTER PUMPS	1/01/17	116,831			X	86,455	5 HY 200DB	30,376	34,582	
268	OTHER FIXED ASSETS	8/01/08	67,841			X	33,920	5 HY 200DB	67,840	0	
270	MINOR EQUIPMENT-FILTER TECHNOI	7/09/18	6,774			X	5,806	7 HY 200DB	968	1,659	
271	MINOR EQUIPMENT-CARDINAL HEAL	9/14/18	13,856			X	11,876	7 HY 200DB	1,980	3,393	
272	SIGNAGE	6/07/18	23,700			X	20,314	7 HY 200DB	3,386	5,804	
273	MOVEABLE EQUIPMENT	8/07/18	19,665			X	16,855	7 HY 200DB	2,810	4,816	
274	LEASEHOLD IMPROVEMENTS	9/21/18	54,218			X	51,507	15 HY 150DB	2,711	5,151	
275	MEDICAL EQUIPMENT-OTHER	11/27/18	53,251			X	45,643	7 HY 200DB	7,608	13,041	
277	SEC. 743(B) BASIS ADJUSTMENT	6/05/18	200,486			X	0	7 HY 200DB	200,486	0	
			3,520,347				1,709,779				263,463

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
41	AR SOFTWARE-MERIDIAN SOFTWARE	1/01/15	5,000				5,000	3 MOAmort	3,334	1,666
44	SOFTWARE	6/30/15	6,745				6,745	3 MOAmort	6,745	0
76	SEC 709 ORGANIZATION COSTS	1/01/07	5,772				5,772	15 MOAmort	4,618	385
77	ORGANIZATION COSTS	6/01/08	302,623				302,623	15 MOAmort	213,517	20,175
78	SEC 195 ORGANIZATION COSTS	6/09/08	131,661				131,661	15 MOAmort	92,893	8,777
79	CLOSING COSTS ON EQUIPMENT LOA	7/31/08	30,000				30,000	5 MOAmort	30,000	0
80	LOAN ORIGINATION FEES	10/31/11	33,025				33,025	15 MOAmort	33,025	0
81	BB&T LOAN FEES	3/01/13	31,328				31,328	15 MOAmort	12,358	2,089
269	COMPUTER SOFTWARE-IMPLEMENTA	6/20/18	57,600				57,600	3 MOAmort	9,600	19,200
			<u>685,308</u>				<u>685,308</u>		<u>487,644</u>	<u>52,292</u>
Grand Totals			5,691,030				2,395,087		3,249,472	1,801,130
Less: Dispositions and Transfers			712,716				269,997		712,716	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>4,978,314</u>				<u>2,125,090</u>		<u>2,536,756</u>	<u>1,801,130</u>